



Director of Finance  
100 Court Street  
Georgetown, KY 40324  
(502) 863-9803 Fax (502) 863-9810

## Garbage Franchise Application

**Name of Business/Trade Name:** \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Owner/Responsible Party Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Date Operations started in Georgetown: \_\_\_\_\_ Approx. number of employees: \_\_\_\_\_

**Type of Business:** \_\_\_ Corporation \_\_\_ SCorp \_\_\_ Partnership \_\_\_ Indiv. \_\_\_ Fiduciary  
\_\_\_ LLC \_\_\_ Other: \_\_\_\_\_

**Federal EIN:** \_\_\_\_\_

Accounting Period: \_\_\_ Calendar year (December 31st) \_\_\_ Fiscal year (Month \_\_\_\_\_ )

Partnerships:

List all Partners with Address and Social Security Information. (Use Additional Sheets)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_